

IFN

AF  
1614



NOTICE OF APPEAL FROM THE EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants: Rex T. Gallagher and Garner T. Hauptert, Jr.

Serial No.: 09/506,246 Group: 1614

Filed: February 17, 2000 Examiner: C. Delacroix Muirheid

Confirmation No.: 7248

For: Process for Large-Scale Isolation and Purification of Hypothalamic Inhibitory Factor

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
August 17, 2004	<i>Donna Boudreau</i>
Date	Signature
Donna Boudreau	
Typed or printed name of person signing certificate	

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated February 17, 2004 of the Examiner finally rejecting claims 10, 19, 25, 31 and 39. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated February 17, 2004 for three months from May 17, 2004 to August 17, 2004.
2. ☐ A  month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.  
☐ Applicant hereby petitions for an additional  month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

08/20/2004 HALL111 00000032 09506246  
01 FC:2401  
02 FC:2253  
165.00 OP  
475.00 OP

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 475
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	( <input type="checkbox"/> mo.)	\$ _____
	Less fee paid	( <input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ _____
<input type="checkbox"/>	Other _____		\$ 165
	TOTAL		\$ <u>640</u>

## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$640.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By

Anne J. Collins  
Anne J. Collins

Registration No.: 40,564

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date:

August 16, 2004